Case 1-18-10134-bhl Doc 1 Filed 01/18/18 Entered 01/18/18 11:06:36 Desc Main Document Page 1 of 51

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF WISCONSIN	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1:	Identify Yourself			
			About Debtor 1:	A	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name			
	your pictu exar licer	e the name that is on government-issued ire identification (for nple, your driver's ise or passport).	Steven First name J Middle name Hunt	N	First name Middle name
	mee	ting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	L	Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years de your married or			
	maio	den names.			
3.	you num Indi	the last 4 digits of Social Security sher or federal vidual Taxpayer tification number	xxx-xx-0821		

Debtor 1 Steven J Hunt Document Page 2 of 51 Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	610 Moon Road #8	If Debtor 2 lives at a different address:		
		Mosinee, WI 54455 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Marathon County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Debtor 1 Steven J Hunt Case number (if known)

Par	Tell the Court About	our Ba	ankruptcy Ca	se					
7.	The chapter of the Bankruptcy Code you are			rief description of each, see go to the top of page 1 and				uals Filing for Bankruptcy	
	choosing to file under	☐ Chapter 7							
		☐ Ch	napter 11						
		☐ Ch	napter 12						
		■ Ch	napter 13						
8.	How you will pay the fee		about how yo order. If your a pre-printed	u may pay. Typically, if you attorney is submitting your address.	are paying payment on	the fee yourseling your behalf, your	f, you may pay with cash our attorney may pay with	r local court for more details n, cashier's check, or money h a credit card or check with	
				r the fee in installments. If e <i>in Installment</i> s (Official Fo		e this option, sig	gn and attach the <i>Applica</i>	ation for Individuals to Pay	
			I request that but is not requapplies to you	t my fee be waived (You nuired to, waive your fee, and	nay request d may do so nable to pay	only if your inc the fee in insta	come is less than 150% of allments). If you choose	oter 7. By law, a judge may, of the official poverty line that this option, you must fill out your petition.	
9.	Have you filed for	□ No) <u>.</u>						
	bankruptcy within the last 8 years?	■ Ye	S.						
	·		District	District of Arizona	When	9/05/12	Case number	12-19869	
			District		 When		Case number		
			District		When		Case number		
10.	Are any bankruptcy	■ No)						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	S.						
	unnate.		Debtor				Relationship to	/ou	
			District		When		Case number, if		
			Debtor				Relationship to y	/ou	
			District		When		Case number, if	known	
11.	Do you rent your	■ No	Go to li	ne 12.					
	residence?	☐ Ye	s. Has yo	ur landlord obtained an evid	ction judgme	ent against you	?		
				No. Go to line 12.					
				Yes. Fill out <i>Initial Stateme</i> this bankruptcy petition.	ent About ar	n Eviction Judgr	ment Against You (Form	101A) and file it as part of	

Document Page 4 of 51 Case number (if known) Debtor 1 Steven J Hunt Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure Bankruptcy Code and are you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to

public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Steven J Hunt

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Dei	Steven J Hunt			Case number	I (II KIIOWII)
Par	t 6: Answer These Quest	ions for Re	porting Purposes		
16.	What kind of debts do you have?		individual primarily for a perso	nsumer debts? Consumer debts are definant, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
				siness debts? Business debts are debts the through the operation of the bus	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you ow	ve that are not consumer debts or busines	s debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7	7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and			o you estimate that after any exempt propilable to distribute to unsecured creditors?	erty is excluded and administrative expenses
	administrative expenses		□ No		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes		
18.	-	1 -49		□ 1,000-5,000	2 5,001-50,000
	you estimate that you owe?	□ 50-99		☐ 5001-10,000 ☐ 40,004.05.000	☐ 50,001-100,000
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	☐ More than100,000
19.	How much do you estimate your assets to	\$ 0 - \$5		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	be worth?		1 - \$100,000 01 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you estimate your liabilities	\$0 - \$5		□ \$1,000,001 - \$10 million	\$500,000,001 - \$1 billion
	to be?		01 - \$100,000 01 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion
			01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t7: Sign Below				
For	you	I have exa	amined this petition, and I decla	are under penalty of perjury that the inforr	nation provided is true and correct.
				I am aware that I may proceed, if eligible, lief available under each chapter, and I ch	
				ot pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b).	t an attorney to help me fill out this
		I request i	relief in accordance with the ch	napter of title 11, United States Code, spe	cified in this petition.
		bankrupto and 3571.	y case can result in fines up to	concealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y	or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519
		Steven .		Signature of Debto	r 2
		Executed	on January 18, 2018	Executed on	
			MM / DD / YYYY	MM	/ DD / YYYY

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Debtor 1 Steven J Hunt Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Todd C. Buss	Date	January 18, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Todd C. Buss 1001647		
Printed name		
Buss Law Offices, LLC		
Firm name		
301 North Third Street		
Watertown, WI 53094		
Number, Street, City, State & ZIP Code		
Contact phone 920-390-4410	Email address	busslegalgroup@gmail.com
1001647 WI		
Bar number & State		

	Ouse	1 10 1010+ 5111	Docume	ent Page 8 of 51	0 000	o man
Fill i	n this inforn	nation to identify your	case:			
Debt	tor 1	Steven J Hunt				
Debt	tor 2	First Name	Middle Name	Last Name		
	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	nkruptcy Court for the:	WESTERN DISTRICT O	F WISCONSIN		
Case	e number					
(if kno	wn)				_	if this is an ded filing
Off	icial Fo	rm 106Sum				
				d Certain Statistical Information		12/15
infori	mation. Fill o	out all of your schedul	es first; then complete the	are filing together, both are equally responsible fe information on this form. If you are filing amend the box at the top of this page.		
					Your as	ssets f what you own
1.	Schedule A 1a. Copy line	/B: Property (Official Fe 55, Total real estate, f	orm 106A/B) rom Schedule A/B		\$	0.00
	1b. Copy line	e 62, Total personal pro	perty, from Schedule A/B		\$	4,483.99
	1c. Copy line	e 63, Total of all propert	on Schedule A/B		\$	4,483.99
Part	2: Summa	arize Your Liabilities				
						abilities t you owe
2.			aims Secured by Property nn A, Amount of claim, at t	(Official Form 106D) he bottom of the last page of Part 1 of <i>Schedule D</i>	\$	0.00
3.			Unsecured Claims (Official 1 (priority unsecured claims	Form 106E/F) s) from line 6e of <i>Schedule E/F</i>	\$	2,360.75
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured cla	aims) from line 6j of Schedule E/F	\$	47,278.23
				Your total liabilities	\$	49,638.98
Part	3: Summa	arize Your Income and	Expenses			
4.		Your Income (Official Fo		<i>I</i>	\$	3,222.00
5.	Schedule J: Copy your m	Your Expenses (Officia nonthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$	3,022.00
Part	4: Answe	r These Questions for	Administrative and Statis	stical Records		
6.	-	•	er Chapters 7, 11, or 13? on this part of the form. Ch	neck this box and submit this form to the court with yo	our other sch	nedules.

- Yes
- 7. What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Page 9 of 51 Case number (if known) Debtor 1 Steven J Hunt

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

5,211.49 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	aim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,360.75
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	2,360.75

Debtor 1		case and this fi	ocument	Page 10 of 51			
Deptor 1		case and this n	iiig.				
20010	Steven J Hunt First Name	Middle Nam	ne	Last Name			
Debtor 2	First Name	Medala Nesa		LastName			
(Spouse, if filing)	First Name	Middle Nam		Last Name			
United States Ba	ankruptcy Court for the:	WESTERN DIS	STRICT OF WIS	CONSIN			
Case number _							Check if this is an
							amended filing
Official Fo	<u>rm 106A/B</u>						
Schedul	e A/B: Prop	erty					12/15
hink it fits best. B	se as complete and accura e space is needed, attach	ate as possible. If	two married peop	f an asset fits in more than o ole are filing together, both a the top of any additional pag	re equally responsible for	r supply	ing correct
Part 1: Describe	Each Residence, Building	ر, Land, or Other آ	Real Estate You C	Own or Have an Interest In			
. Do you own or h	have any legal or equitabl	e interest in any re	esidence, buildin	g, land, or similar property?			
■ No. Go to Par	rt 2.						
☐ Yes. Where is	s the property?						
Dort 2. Dogoribo	Vous Vahialaa						
Part 2: Describe	Your Vehicles						
B. Cars, vans, tro □ No ■ Yes	ucks, tractors, sport u	illity vehicles, m	notorcycles				
3.1 Make:	Cadillac	Who h	as an interest in t	the property? Check one	Do not deduct secure		
_	DeVille		otor 1 only	ne property: oneck one	the amount of any sec Creditors Who Have 0		
_	2001		otor 2 only		Current value of the		irrent value of the
Approximat			otor 1 and Debtor 2	•	entire property?	pc	rtion you own?
Other inform		LJ At I	east one of the del	otors and another			
VIN#1G6	KD54VY111211147						
VIN#1G6	KD54YX1U211147		eck if this is comi e instructions)	nunity property	\$500.00	<u> </u>	\$500.00

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property Filed 01/18/18 Entered 01/18/18 11:06:36

Official Form 106A/B Schedule A/B: Property page 2

□ No

Case 1-18-10134-bhl

Doc 1

Debtor			ohl Doc 1 File Doc		ae 12 of 51	18/18 11:06:36 se number (if known)	Desc Main
_	es. Describe	111					
_ ' '	os. Describe	1 Dog	2 Cats				\$0.00
□ N			nold items you did not a	already list, includ	ling any health aids	s you did not list	
			hold Tools \$50; Yard t Debtor(s) Residend		ent \$75; Lawnmo	wer	\$225.00
			rour entries from Part 3 nere			ı have attached	\$2,165.00
	Describe Your Finan own or have any I		s quitable interest in any	of the following?			Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	amples: Money you o osits of money amples: Checking, s institutions.	avings, o	our wallet, in your home, other financial accounts we multiple accounts with	; certificates of dep	posit; shares in credi on, list each.		ses, and other similar
		17.1.	Checking Account (xxxxxx1015)	Associated B	ank		\$898.88
		17.2.	Checking account (**0633)	BMO Harris B	Bank		\$220.11
		17.3.	Security Deposit	Property Con PO Box 1453 Wausau WI 5			\$200.00
Exa ■ N			ly traded stocks ent accounts with brokera		narket accounts		
joir	nt venture	ock and	interests in incorporate	ed and unincorpo	rated businesses, i	ncluding an interest in	an LLC, partnership, and
■ No	-		about themne of entity:		%	of ownership:	
Ne	gotiable instruments	include p	nds and other negotiablersonal checks, cashiers	s' checks, promisso	ory notes, and mone		

■ No

 $\hfill \square$ Yes. Give specific information about them

Issuer name:

Case 1-18-10134-bhl Doc 1 Filed 01/18/18 Entered 01/18/18 11:06:36 Desc Main Document Page 13 of 51 Case number (if known) Debtor 1 Steven J Hunt 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Estimated 2017 tax refunds owed to Debtor; Debtor estimates \$500 refund total betwen federal and state if anything

\$500.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

N

☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

■ Yes. Give specific information..

Case 1-18-10134-bhl Doc 1 Filed 01/18/18 Entered 01/18/18 11:06:36 Document Page 14 of 51 Case number (if known) Debtor 1 Steven J Hunt Garnishments Taken by Capital One in Past 90 Days Prior to \$0.00 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Π Nο Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: **Employer Provided Term Life Muriel Hunt** \$0.00 **Insurance Policy** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1.818.99 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Case number (if known) Debtor 1 Steven J Hunt Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$500.00 Part 3: Total personal and household items, line 15 57. \$2,165.00 Part 4: Total financial assets, line 36 \$1,818.99 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$4,483.99 Copy personal property total \$4,483.99 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$4,483.99

Official Form 106A/B Schedule A/B: Property page 6

			111 1 1111 11 11 11 11	_
Fill in this infor	rmation to identify your	case:		
Debtor 1	Steven J Hunt			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF WISCONSIN	
Case number				
(if known)				☐ Check if this is amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	art 1: Identify the Property You Claim as E	xempt			
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.	
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)				
	■ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Check only one box for each exemption. Schedule A/B			
	2001 Cadillac DeVille 231,000 miles VIN#1G6KD54YX1U211147	\$500.00		\$500.00	11 U.S.C. § 522(d)(2)
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
	Large Household Appliances at	\$195.00		\$195.00	11 U.S.C. § 522(d)(3)
	Debtor(s) Residence: (Stove \$50; Refrigerator \$45; Washer/Dryer \$100) Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Small Household Appliances at	\$135.00		\$135.00	11 U.S.C. § 522(d)(3)
	Debtor(s) Residence: (Microwave \$10; Cooking Utensils \$50; Silverware/Flatware \$40; Pots & Pans \$35) Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit	
	Household Furniture at Debtor(s) Residence:	\$475.00		\$475.00	11 U.S.C. § 522(d)(3)
	(Living Room Furniture \$100; Dining Room Furniture \$40; Bedroom Furniture \$300; Dressers/Nightstands \$10; Lamps/Accessories \$10; Desk \$15) Line from Schedule A/B: 6.3			100% of fair market value, up to any applicable statutory limit	

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Steven J Hunt

Steven 3 nunt				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Audio & Video Equipment at Debtor(s) Residence:	\$350.00		\$350.00	11 U.S.C. § 522(d)(3)
(TV \$100; DVD Player \$10; Computer \$40; 2 Cell Phones \$200) Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Clothing at Debtor(s) Residence Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
Line IIoiii Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
Miscellaneous Jewelry \$110 & Wedding Rings \$175 at Debtor(s)	\$285.00		\$285.00	11 U.S.C. § 522(d)(4)
Residence Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
Household Tools \$50; Yard Tools/Equipment \$75; Lawnmower	\$225.00		\$225.00	11 U.S.C. § 522(d)(3)
\$100 at Debtor(s) Residence Line from Schedule A/B: 14.1			100% of fair market value, up to any applicable statutory limit	
Checking Account (xxxxxx1015): Associated Bank	\$898.88		\$898.88	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Checking account (**0633): BMO Harris Bank	\$220.11		\$220.11	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
Security Deposit: Property Connection Inc.	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)
PO Box 1453 Wausau WI 54402-0000 Line from <i>Schedule A/B</i> : 17.3			100% of fair market value, up to any applicable statutory limit	
Estimated 2017 tax refunds owed to Debtor; Debtor estimates \$500 refund	\$500.00		\$500.00	11 U.S.C. § 522(d)(5)
total betwen federal and state if anything Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
3. Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 ■ No □ Yes. Did you acquire the property covere □ No □ Yes	Byears after that for ca	ases fil	·	•

		DOWN	311 1 1000 10 10 10 1	
Fill in this infor	mation to identify your	case:		
Debtor 1	Steven J Hunt			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF WISCONSIN	
Case number				
(if known)				☐ Check if the
				amended

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

		Document	Page	e 19 of 51			
Fill in this infor	mation to identify your case	:					
Debtor 1	Steven J Hunt						
	First Name	Middle Name	Last Nar	ne			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Nar	ne			
United States Ba	ankruptcy Court for the: Wi	ESTERN DISTRICT OF WIS	SCONSIN	I			
Casa numbar							
Case number (if known)						☐ Check	if this is an
						amend	ded filing
Official Form	m 400⊏/⊏						
Official Form	ा ।∪७⊑/୮ E/F: Creditors Who	Have Uncoured	Clair				12/15
	d accurate as possible. Use Pai				araditara with NON	DDIODITY alaima Li	
Schedule D: Credi eft. Attach the Con name and case nu	utory Contracts and Unexpired I tors Who Have Claims Secured ntinuation Page to this page. If y mber (if known).	by Property. If more space is you have no information to re	needed, c	opy the Part yo	ou need, fill it out, i	number the entries i	n the boxes on the
	ors have priority unsecured cla						
☐ No. Go to I	• •						
Yes.							
identify what ty possible, list th Part 1. If more	ir priority unsecured claims. If a impe of claim it is. If a claim has bot ne claims in alphabetical order acc than one creditor holds a particula ation of each type of claim, see the	h priority and nonpriority amour ording to the creditor's name. It ar claim, list the other creditors	nts, list that f you have in Part 3.	claim here and more than two p	show both priority a	nd nonpriority amoun	ts. As much as
2.1 Interna	I Revenue Service	Last 4 digits of accou	unt numbe	r	\$2,360.75	\$2,360.75	
Priority C	reditor's Name	When was the debt in	acurred?	2015			
	elphia, PA 19101	When was the debt in	icuirea:	2013			
	Street City State ZIp Code	As of the date you file	e, the clair	n is: Check all t	that apply		
Who incurre	ed the debt? Check one.	☐ Contingent					
■ Debtor 1	only	☐ Unliquidated					
Debtor 2	only	☐ Disputed					
Debtor 1	and Debtor 2 only	Type of PRIORITY un	secured c	laim:			
☐ At least o	ne of the debtors and another	☐ Domestic support of	obligations				
☐ Check if	this claim is for a community d	ebt Taxes and certain of	other debts	you owe the go	overnment		
	subject to offset?	☐ Claims for death or	personal i	njury while you v	were intoxicated		
■ No		Other. Specify					-
☐ Yes		ta	ixes				
Part 2: List A	All of Your NONPRIORITY Ur	secured Claims					
3. Do any credit	ors have nonpriority unsecured	claims against you?					
☐ No. You ha	ave nothing to report in this part. S	ubmit this form to the court with	your other	schedules.			
Yes.							
unsecured cla	r nonpriority unsecured claims im, list the creditor separately for each tor holds a particular claim, list the	each claim. For each claim liste	d, identify v	what type of clain	m it is. Do not list cla	ims already included	in Part 1. If more

Total claim

Part 2.

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4.1	Aspirus	Last 4 digits of account number 1061	\$261.16		
	Nonpriority Creditor's Name Wausau Hospital	When was the debt incurred? 2017			
	PO Box 1008	ZOTT			
	Wausau, WI 54402				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	\square Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Medical Services			
4.2	Aspirus Clinic	Last 4 digits of account number	\$3,008.45		
	Nonpriority Creditor's Name PO Box 1008	When was the debt incurred? 2017			
	Wausau, WI 54402	ZOTT			
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	\square Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Medical Services			
4.3	Aspirus Inc.	Last 4 digits of account number	\$3,595.15		
	Nonpriority Creditor's Name PO Box 1008	When was the debt incurred? 2017			
	Wausau, WI 54402	when was the dept incurred:			
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Medical Services			

Debtor 1 Steven J Hunt

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Case number (if know)

Debtor	1 Steven J Hunt	Case number (if know)	
4.4	AZ Banner Hospital Based Clinics Nonpriority Creditor's Name	Last 4 digits of account number 1151	\$4,019.00
	c/o Collection Service Bur Csb Systems/Attn: Bankruptcy PO Box 310	When was the debt incurred? Opened 09/16	
	Scottsdale, AZ 85252 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	□ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Medical Services	
4.5	AZ Banner Hospital Based Clinics Nonpriority Creditor's Name	Last 4 digits of account number 2764	\$520.83
	c/o Collection Service Bur Csb Systems/Attn: Bankruptcy PO Box 310	When was the debt incurred? Opened 06/16	
	Scottsdale, AZ 85252		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Services	
4.6	BBVA Compass	Last 4 digits of account number 3057	\$6,538.01
	Nonpriority Creditor's Name c/o LTD Financial Services Limited Part	When was the debt incurred? 2016	
	7322 Southwest Freeway, Suite 1600 Houston, TX 77074	As of the date you file, the claim is: Check all that apply	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
		_ Deficiency Balance on 2015 Dodge Dart -	
	☐ Yes	Other. Specify Repossessed in 2016	

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Case number (if know)

Debtor	1 Steven J Hunt		Case number (if know)			
4.7	Bone & Joint Clinic Nonpriority Creditor's Name	Last 4 digits of account number	0838	\$523.92		
	PO Box 88516 Milwaukee, WI 53288	When was the debt incurred?	2017			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	Check if this claim is for a community	☐ Student loans				
	debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	diation agreement of divorce that you did not			
	No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Medical Se	rvices			
4.8	Capital One	Last 4 digits of account number	8561	\$4,016.00		
	Nonpriority Creditor's Name			Ψ 1,0 10100		
	Attn: General Correspondence/Bankruptcy Po Box 30285	When was the debt incurred?	Opened 09/14 Last Active 12/14/15			
-	Salt Lake City, UT 84130					
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	Debtor 1 only				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims				
	■ No	Debts to pension or profit-sharing				
		Judgment				
	Yes		Co. Case No. 17-SC-2178			
4.9	Cardiac Solutions 1260	Last 4 digits of account number	3350	\$1,666.44		
	Nonpriority Creditor's Name c/o Healthcare Collection LLC Attn: Bankruptcy	When was the debt incurred?	Opened 11/16			
	Po Box 82910 Phoenix, AZ 85071	_				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt	\square Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	□ Yes	■ Other. Specify Medical Se	rvices			

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Case number (if know)

Debtor	1 Steven J Hunt	——————————————————————————————————————	Case number (if know)		
4.1	First Credit Union Nonpriority Creditor's Name	Last 4 digits of account number	0001	\$14,540.00	
	25 S Arizona PI Ste 111 Chandler, AZ 85225	When was the debt incurred?	Opened 08/13 Last Active 12/24/15		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Automobile	Deficiency Balance		
4.1	Freedom Road Financial Nonpriority Creditor's Name	Last 4 digits of account number	9378	\$8,389.00	
	10509 Professional Cir S Reno, NV 89521	When was the debt incurred?	Opened 02/14 Last Active 12/07/15		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not		
	■ No	☐ Debts to pension or profit-sharin			
	Yes	Other. Specify Repossess	Balance for Motorcycle/ATV- ed in 2016		
4.1	Radiology Associates of Wausau SC	Last 4 digits of account number	5591	\$48.28	
	Nonpriority Creditor's Name Bin 88399 Milwaukee, WI 53288	When was the debt incurred?	2017		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	nity			
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not		
	No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐ Yes	■ Other Specify Medical Se	rvices		

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Radiology Associates of Wausau SC	Last 4 digits of account number 0511	\$59.6
Nonpriority Creditor's Name Bin 88399	When we she debt incorred 2 2047	
bin 66399 Milwaukee, WI 53288	When was the debt incurred? 2017	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical Services	
Radiology Associates of Wausau		
SC	Last 4 digits of account number 1951	\$82.7
Nonpriority Creditor's Name Bin 88399	When was the debt incurred? 2017	
Milwaukee, WI 53288 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
□ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical Services	
Radiology Associates of Wausau		
SC	Last 4 digits of account number 7771	\$9.6
Nonpriority Creditor's Name Bin 88399 Milwaukee, WI 53288	When was the debt incurred? 2017	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Steven J Hunt		Case number (if know)
Name and Address Amsher Collection Service Inc. 4524 Southlake Pkwy Ste 15	On which entry in Part 1 or Part 2 did you Line 4.6 of (<i>Check one</i>):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Hoover, AL 35244	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?
Attorney David Olefsky		☐ Part 1: Creditors with Priority Unsecured Claims
Blitt & Gaines PC 661 Glenn Ave.		■ Part 2: Creditors with Nonpriority Unsecured Claims
Wheeling, IL 60090		
	Last 4 digits of account number	
Name and Address Banner Health	On which entry in Part 1 or Part 2 did you Line 4.5 of (<i>Check one</i>):	ou list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims
PO Box 52616	(ee).	Part 2: Creditors with Nonpriority Unsecured Claims
Phoenix, AZ 85072	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?
Capital One		Part 1: Creditors with Priority Unsecured Claims
15000 Capital One Dr Richmond, VA 23238		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	
Client Services, Inc 3451 Harry S Truman Blvd	Line 4.8 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Saint Charles, MO 63301	l and A display of a construction of	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Collection Service Bur	On which entry in Part 1 or Part 2 did you Line 4.4 of (<i>Check one</i>):	ou list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims
1395 N Hayden Rd	<u> </u>	Part 2: Creditors with Nonpriority Unsecured Claims
Scottsdale, AZ 85257	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?
Collection Service Bur 1395 N Hayden Rd	Line <u>4.5</u> of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Scottsdale, AZ 85257		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Compass Bank	On which entry in Part 1 or Part 2 did you Line 4.6 of (Check one):	ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims
c/o Northland Group Inc.	Line 4.0 of (Check one).	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
PO Box 390846 Minneapolis, MN 55439		. a. z. ordano o marrior priority direction of diame
minicapone, mit co-too	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	
Healthcare Collections, Llc 2224 W Northern Ave Ste	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Phoenix, AZ 85021	Look 4 digita of account number	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Innovative Debt Recovery Inc.	On which entry in Part 1 or Part 2 did you Line 4.10 of (<i>Check one</i>):	ou list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims
2222 South Dobson Rd, Ste 1104	 ·	Part 2: Creditors with Nonpriority Unsecured Claims
Mesa, AZ 85202	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?
Joseph A Caplan MD PC DBA Cardiac Solutions	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
13128 N 94th Drive Ste 100		Part 2: Creditors with Nonpriority Unsecured Claims
Peoria, AZ 85381	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?

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Steven J nunt		Case Humber (ii know)
Marathon County Clerk of Courts 500 Forest St. Wausau, WI 54403	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
·	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part :	2 did you list the original creditor?
RevSolve, Inc.	Line 4.5 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
1395 N Hayden Road Scottsdale, AZ 85257		Part 2: Creditors with Nonpriority Unsecured Claims
Scottsuale, AZ 03237	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part :	2 did you list the original creditor?
Tri State Adjustments Inc.	Line 4.12 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 3219 La Crosse, WI 54602		■ Part 2: Creditors with Nonpriority Unsecured Claims
La C1055e, WI 34002	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part :	2 did you list the original creditor?
Vital Recovery Services, Inc.	Line 4.11 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 923748 Norcross, GA 30010		■ Part 2: Creditors with Nonpriority Unsecured Claims
•	Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				 _
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 2,360.75
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 2,360.75
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 47,278.23
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 47,278.23

		DOWN	311 1 13137 27 131 131	
Fill in this infor				
Debtor 1	Steven J Hunt			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (DF WISCONSIN	
Case number				
(if known)				Check if this is amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Property Connection Inc. PO Box 1453 Wausau, WI 54402	Residential Lease 6/1/17 to 5/31/18 (Continue Lease)

		Document	Page 28 d	of 51	
Fill in this	s information to identify your	case:			
Debtor 1	Steven J Hunt				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	WESTERN DISTRICT OF	WISCONSIN		
Case num	nber				
(if known)					Check if this is an amended filing
Officia	al Form 106H				
Sched	dule H: Your Cod	ebtors			12/15
fill it out, a your name	and number the entries in the e and case number (if known) you have any codebtors? (If	boxes on the left. Attach th . Answer every question.	e Additional Page t	o this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
□ No. ■ Yes	na, California, Idaho, Louisiana, . Go to line 3. s. Did your spouse, former spou □ No ■ Yes.			ington, and wisconsin.	
	In which community state	e or territory did you live?	-NONE-	. Fill in the name a	and current address of that person.
	Name of your spouse, former sp Number, Street, City, State & Zip				
in line Form	e 2 again as a codebtor only i	f that person is a guarantor	or cosigner. Make	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1				_	
				□ Schedule D. lir	10
	Name			_ ☐ Schedule D, lir ☐ Schedule E/F.	
	Name			□ Schedule D, lir □ Schedule E/F, □ Schedule G, lir	line
_				☐ Schedule E/F,	line
_	Number Street City	State	ZIP Code	☐ Schedule E/F,	line
_	Number Street	State	ZIP Code	☐ Schedule E/F,	line
	Number Street	State	ZIP Code	□ Schedule E/F, □ Schedule G, lir	line
3.2	Number Street	State	ZIP Code	☐ Schedule E/F,	line

Street

State

Number

City

ZIP Code

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Fill	in this information to ide	ntify your ca	ise:									
Deb	otor 1 Ste	even J Hu	nt									
	otor 2						_					
Uni	ted States Bankruptcy C	Court for the	WESTERN DISTRICT	OF WIS	CONSIN							
	se number			-				☐ Ai	k if this is: n amende	d filing		
											ng postpetition of following date:	hapter
<u>O</u> 1	fficial Form 10	<u> </u>						\overline{M}	M / DD/ Y	YYY		
S	chedule I: Yo	ur Inco	ome									12/15
spo atta	use. If you are separate	ed and you this form. (are married and not filing wing the spouse is not filing with the top of any additi	th you, d	lo not include	infor	natio	on about	your spo	use. If n	nore space is no	eded,
1.	Fill in your employment information.	ent		Debtoi	1				Debtor 2	or non-	filing spouse	
	If you have more than		Employment status	■ Em	oloyed				■ Emplo	oyed		
	attach a separate page information about addi			☐ Not employed				☐ Not employed				
	employers.		Occupation	Auto	Dept Manag	er			Admin	Transp	ortation	
	Include part-time, seas self-employed work.	sonal, or	Employer's name	Walm	art			Crystal Finishing Systems Inc.				
	Occupation may include or homemaker, if it app		Employer's address		Rib Mountai au, WI 5440 [,]		⁄e		4704 Ba			
			How long employed t	here?	1.5 years				6	years		
Par	Give Details	About Mon	thly Income									
	mate monthly income ause unless you are sepa		te you file this form. If	you have	nothing to rep	ort for	any I	ine, write	\$0 in the	space. Ir	nclude your non-	filing
	u or your non-filing spou e space, attach a separa		re than one employer, co	ombine th	e information f	or all e	emplo	oyers for t	hat perso	n on the	lines below. If yo	ou need
								For Deb	otor 1		ebtor 2 or iling spouse	
2.			ry, and commissions (becalculate what the monthle			2.	\$	2,	392.00	\$	2,360.00	
3.	Estimate and list mo	nthly overti	me pay.			3.	+\$		0.00	+\$	0.00	

2,392.00

2,360.00

Calculate gross Income. Add line 2 + line 3.

Deb	otor 1	Steven J Hunt	_	(Case	e number (if knowr	1) -				
	Сор	y line 4 here	4.		Fo	r Debtor 1	D	For Debte non-filing			
5.	l ist	all payroll deductions:				,					
0.	5a. 5b. 5c.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5a 5b 5c).	\$_ \$_ \$_	409.00 0.00	0	\$ \$	420.0 0.0 71.0	00	
	5d. 5e. 5f.	Required repayments of retirement fund loans Insurance Domestic support obligations	50 56 5f	€.	\$_ \$_ \$_	0.00 102.00 0.00	0	\$ \$ \$	0.0 290.0 0.0	00	
	5g. 5h.	Union dues Other deductions. Specify: Dental Identity Protection	5g 5h). 1.+	\$_ \$_ \$_	0.0 18.0 0.0	0 +	\$ - \$ - \$	0.0 57.0 2.0	00	
		spouse Add on Medical Insurance STD United Way	_ _ _		\$_ \$_ \$_	0.0 0.0 0.0	0	\$ \$	108.0 3.0 11.0	00	
		Vol. Employee Life critical ill accident vision	_ _ _		\$- \$- \$-	0.00 23.00 1.00 6.00	0 0	\$ \$ \$ \$	9.0 0.0 0.0	00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_ _	559.00	_	\$	971.0		
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	1,833.0	0_	\$	1,389.0	00	
8.	8a. 8b. 8c.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce) .	\$_ \$_	0.00	0	\$ \$		00	
	8d. 8e.	settlement, and property settlement. Unemployment compensation Social Security	8c 8c 8e	d.	\$_ \$_ \$_	0.00 0.00	0	\$ \$	0.0 0.0	00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$_	0.0	_	\$	0.0		
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g 8h). 1.+ 	\$_ \$_	0.0		\$ - \$	0.0		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	,	\$	0.0	0	\$	0	.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		1,833.00 +	\$_	1,389.0	0 = \$;	3,222.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					ed in <i>Sched</i>	ule J. . +\$ _		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							. \$_	;	3,222.00
									Com		ed income

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Debtor 1	Steven J Hunt	Case number (if kr	nown)
13. Do	you expect an incr No.	ease or decrease within the year after you file this form?	
	Yes. Explain:		

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	in this informs	tion to identify ye	2000			I					
	in this informa	tion to identify yo	our case:								
Deb	tor 1	Steven J Hui	nt			Check if this is:					
Deb	tor 2						An amended filing A supplement sho	g owing postpetition chapter			
(Spc	ouse, if filing)					_		of the following date:			
Unite	ed States Bankr	ruptcy Court for the	: WESTE	RN DISTRICT OF WISC	ONSIN		MM / DD / YYYY				
Case	e number										
(If kr	nown)										
Of	fficial Fo	rm 106J									
Sc	chedule	J: Your	Exper	ses				12/15			
Be a info nun	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer ever	possible. eded, atta y question	If two married people a							
Part 1.	t 1: Descr Is this a join	ibe Your House	hold								
١.	No. Go to										
		o line ∠. •s Debtor 2 live i	in a senar:	ate household?							
	□ 103. D00		iii a sepaii	ate nousenoiu:							
			st file Offici	al Form 106J-2, <i>Expense</i>	es for Senarate House	ehold of De	ehtor 2				
		co. Debtor 2 mac	or me emor	αι 1 οιπι 1000 Σ, <i>Ε</i> χροποί	o for coparate frouct)//0/a 0/ D	, DIOI 2.				
2.	Do you have	e dependents?	■ No								
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?			
	Do not state	the						□ No			
	dependents	names.						_			
								□ No			
								_ Pes			
								□ No			
								_ Yes			
								□ No			
3.	Do your eyr	enses include	_					_ Yes			
J.	expenses of	f people other to d your depende	han $_{oldsymbol{\square}}$	No Yes							
		ate Your Ongoi									
exp								hapter 13 case to report of the form and fill in the			
the	value of such	h assistance an		government assistance luded it on <i>Schedule I:</i>			Your ex	nenses			
(Oil	ficial Form 10	·oi. <i>)</i>					. our ex				
4.		or home owners		ses for your residence. r lot.	Include first mortgag	e 4.	\$	340.00			
	If not includ	led in line 4:									
	4a. Real e	estate taxes				4a.	\$	0.00			
		rty, homeowner's				4b.	\$	0.00			
			•	ipkeep expenses		4c.		100.00			
5.		owner's associat		dominium dues o ur residence, such as h	ome equity loops	4d. 5.		0.00 0.00			
J.	Auditional	igage payiil	onico non ye	on residence, such as h	ome equity loans	J.	Ψ	0.00			

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ebtor 1 Steven J Hunt	Case number (if known)	
. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	200.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	175.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	620.00
Childcare and children's education costs Clothing, laundry, and dry cleaning	8. \$	0.00
Clothing, laundry, and dry cleaning	9. \$	138.00
Personal care products and services	10. \$	63.00
Medical and dental expenses	11. \$	275.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12. \$	400.00
B. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	75.00
Charitable contributions and religious donations	14. \$	166.00
Insurance.	* ———	
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	125.00
15d. Other insurance. Specify:	15d. \$	0.00
. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	46 (
Specify:	16. \$	0.00
. Installment or lease payments: 17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: Non-filing spouse's installment loan	17c. \$	150.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report as	·	
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
 Other real property expenses not included in lines 4 or 5 of this form or on Scho 20a. Mortgages on other property 	edule I: Your Income. 20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
. Other: Specify: Pet Expenses	21. +\$	150.00
Gym membership (exercise prescribed by doctor)	+\$	45.00
		45.00
2. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	3,022.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	3,022.00
3. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,222.00
23b. Copy your monthly expenses from line 22c above.	23b\$	3,022.00
	·	-,
23c. Subtract your monthly expenses from your monthly income.	00-	200.00
The result is your monthly net income.	23c. \$	200.00
. Do you expect an increase or decrease in your expenses within the year after your for example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage? ☐ No.		ase or decrease because of
■ Yes. Explain here:		

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Fill in this ii	nformation to identify your	case:			
Debtor 1	Steven J Hunt First Name	Middle Nove	Loot Name		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing	First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	WESTERN DISTRICT	OF WISCONSIN		
Case number	or				
(if known)					Check if this is an amended filing
	Form 106Dec				
Declar	ration About a	ın Individua	I Debtor's Sc	hedules	12/15
years, or bo	th. 18 U.S.C. §§ 152, 1341, 1 Sign Below	519, and 5571.			
Did yo	u pay or agree to pay some	one who is NOT an atto	orney to help you fill out b	pankruptcy forms?	
■ No	0				
☐ Ye	es. Name of person			Attach Bankruptcy Petit Declaration, and Signat	
	penalty of perjury, I declare by are true and correct.	that I have read the sur	mmary and schedules file	d with this declaration and	
X /e/	Steven J Hunt		X		
Ste	even J Hunt nature of Debtor 1		Signature of	Debtor 2	
Dat	te January 18, 2018		Date		

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Fill	in this inform	ation to identify you	r case:			
Deb	tor 1	Steven J Hunt First Name	Middle Name	Last Name		
	tor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bar	kruptcy Court for the:	WESTERN DISTRICT OF	WISCONSIN		
Cas (if kno	e number					heck if this is an mended filing
Sta Be a	s complete a	of Financial		are filing together, both are	equally responsible for sup	
		ore space is needed,). Answer every que		this form. On the top of any	/ additional pages, write you	r name and case
Par	Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	■ Married □ Not marr	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
	□ No ■ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	Explain	n the Sources of You	r Income			
	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		dar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$1,584.45	■ Wages, commissions, bonuses, tips	\$692.58
			☐ Operating a business		☐ Operating a business	

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Case number (if known) Document

Debtor 1 Steven J Hunt

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	r last calen anuary 1 to		31, 2017)	■ Wages, commissions, bonuses, tips			nmissions,	\$26,444.26
				☐ Operating a business		Operating a	business	
	r the calendary 1 to			■ Wages, commissions, bonuses, tips	\$24,568.00	■ Wages, combonuses, tips	ımissions,	\$27,953.00
				☐ Operating a business		☐ Operating a	business	
	Include include and other winnings. List each s	come regard public bene If you are fil	lless of whet fit payments; ing a joint ca he gross inco	e during this year or the two ner that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat Debtor 1 Sources of income Describe below.	amples of other income are a lest; dividends; money collec- you received together, list it of	alimony; child supp sted from lawsuits; only once under De	royalties; ar ebtor 1. ne 4.	
				Describe below.	(before deductions and exclusions)	Describe below		and exclusions)
Pa	rt 3: List	Certain Pa	yments You	Made Before You Filed for I	Bankruptcy			
6.	Are either ☐ No.	Neither D	ebtor 1 nor I	e's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol	imer debts. Consumer debt	s are defined in 11	U.S.C. § 10	01(8) as "incurred by an
		□ No. □ Yes	Go to line The List below paid that continuous to the continuous c	ore you filed for bankruptcy, di 7. each creditor to whom you pai editor. Do not include paymen payments to an attorney for th t on 4/01/19 and every 3 years	d a total of \$6,425* or more total of the support obligates bankruptcy case.	in one or more pay pations, such as ch	yments and t	and alimony. Also, do
	Yes.			or both have primarily consure you filed for bankruptcy, die		l of \$600 or more?	?	
		□ No. ■ Yes	include pay	7. each creditor to whom you pai yments for domestic support ol r this bankruptcy case.				
	Creditor'	s Name and	d Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this	payment for
	Tires PI	us		10/19/17	\$685.53	\$0.00		

Other tires

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	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this p	payment for
	Property Connection Inc. PO Box 1453 Wausau, WI 54402	11/2017; 12/2017; 1/2018	\$1,008.72	\$0.00		Card
7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general poor which you are an officer, director, person in a business you operate as a sole proprietor.	artners; relatives of any gen n control, or owner of 20% o	eral partners; partners r more of their voting	erships of which yo g securities; and a	ou are a gene ny managing	ral partner; corporations agent, including one for
	No☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason fo	r this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider	signed by an insider.				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		r this payment ditor's name
Par	t 4: Identify Legal Actions, Repossessio	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of t	he case
	Capital One Bank (USA), N.A. vs. Steven J Hunt 2017SC002178	Small Claims	Marathon Courts 500 Forest St. Wausau, WI 54		☐ Pendin☐ On app☐ Conclu☐	eal
					9.6.17	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo		erty repossessed, f	oreclosed, garnis	shed, attache	ed, seized, or levied?
	□ No. Go to line 11.					
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the property
		Explain what happened				

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Case number (if known)

Debtor 1 Steven J Hunt

	Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property \$1,278.74			
	Capital One Bank (USA) N.A. 250 E. Wisconsin Ave, 18th Floor Milwaukee, WI 53202	11/2/17 \$201.52; 11/16/17 \$205.16; 11/30/17 \$233.50; \$12/14/17 \$183.03; 12/28/17 \$201.99; 1/11/18 \$253.54 ☐ Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished.	11/2/17, 11/16/17, 11/30/17, 12/14/17. 12/28/17, 1/11/18				
		☐ Property was attached, seized or levied.					
	Freedom Road Financial 10509 Professional Cir S Reno, NV 89521	Deficiency Balance for 2013 Triumph Motorcycle- Repossessed in 2016	2016	Unknown			
		 ■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. □ Property was attached, seized or levied. 					
	BBVA Compass c/o LTD Financial Services Limited	Deficiency Balance on 2015 Dodge Dart - Repossessed in 2016	2016	Unknown			
	Part 7322 Southwest Freeway, Suite 1600 Houston, TX 77074	 ■ Property was repossessed. □ Property was foreclosed. □ Property was garnished. □ Property was attached, seized or levied. 					
11.	accounts or refuse to make a payment because you owed a debt? No						
	Yes. Fill in the details. Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount			
Par	. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ■ No □ Yes List Certain Gifts and Contributions Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?						
13.	■ No □ Yes. Fill in the details for each gift.	ncy, and you give any gifts with a total value of more t	nan 4000 per person	:			
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value			
	Person to Whom You Gave the Gift and Address:						
14.	Within 2 years before you filed for bankrup ☐ No ■ Yes. Fill in the details for each gift or con	etcy, did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?			
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number Street City State and ZIP Code)		Dates you contributed	Value			

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Gifts or contributions to charities that total Describe what you contributed Value Dates vou more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) \$2,000 in 2016 \$3,300,00 The Church of Jesus Christ Latter-day 2016 & 2017 estimated \$1300 in 2017 Saints 5406 Rib Mountain Drive Wausau, WI 54401 Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. □ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment transferred or transfer was Address payment Email or website address made Person Who Made the Payment, if Not You **Buss Law Offices, LLC** \$300 Attorney Fees 2017 \$810.00 301 N. Third Street \$310 Filing Fee Watertown, WI 53094 \$200 Credit Report, Credit Counseling, **Pre Discharge Certificate - Costs** 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Date payment Description and value of any property Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was

Address

property transferred

Person's relationship to you

made

payments received or debts

paid in exchange

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19.	benefic ■ No	10 years before you filed for bankrup ciary? (These are often called asset-pro- cos. Fill in the details.		y property to a	a self-settle	d trust or similar device	of w	hich you are a
	Name	of trust	Description and v	alue of the pro	operty trans	sferred		ate Transfer was ade
Par	t 8:	ist of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and S	torage Unit	s		
20.	sold, m Include houses	- 110						
		of Financial Institution and SS (Number, Street, City, State and ZIP	Last 4 digits of account number	•		Date account was closed, sold, moved, or transferred	k	Last balance pefore closing or transfer
21.		now have, or did you have within 1 yor other valuables?	ear before you filed for	bankruptcy, a	ıny safe dep	oosit box or other depos	sitory	for securities,
		es. Fill in the details.						
		of Financial Institution SS (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents		Do you still have it?
22.	■ No	ou stored property in a storage unit o o es. Fill in the details.	r place other than your	home within 1	1 year befor	re you filed for bankrupt	cy?	
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has o		Address (Number, S		Describe	the contents		Do you still have it?
Par	t 9:	dentify Property You Hold or Control	for Someone Else					
23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold ir for someone.				or hold in trust				
	■ No	o es. Fill in the details.						
		r's Name SS (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property		Value
Par	t 10:	Give Details About Environmental Info	rmation					

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?					
	details.				
Name of site		Governmental unit Address (Number, Street, City, State an ZIP Code)	d	Environmental law, if you know it	Date of notice
Have you notified a	ny governmental unit of a	any release of hazardous material?			
■ No □ Yes. Fill in the	details.				
Name of site Address (Number, Str	eet, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	d	Environmental law, if you know it	Date of notice
Have you been a pa	rty in any judicial or adm	inistrative proceeding under any envi	ironn	nental law? Include settlements a	nd orders.
■ No □ Yes. Fill in the	details.				
Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case
11: Give Details A	About Your Business or (Connections to Any Business			
Within 4 years befo	re you filed for bankrupto	cy, did you own a business or have ar	ny of	the following connections to any	business?
☐ A sole prop	rietor or self-employed ir	a trade, profession, or other activity,	, eith	er full-time or part-time	
☐ A member of	of a limited liability compa	any (LLC) or limited liability partnersh	ip (L	LP)	
☐ A partner in	a partnership				
☐ An officer, o	lirector, or managing exe	ecutive of a corporation			
☐ An owner o	f at least 5% of the voting	or equity securities of a corporation			
No. None of th	e above applies. Go to P	art 12.			
Yes. Check all	that apply above and fill	in the details below for each business	s.		
Business Name		Describe the nature of the business	Employer Identification number		
					iumber or i i in.
		cy, did you give a financial statement	to an	nyone about your business? Inclu	de all financial
No					
	details below.				
Address	ate and ZIP Code)	Date Issued			
	Name of site Address (Number, Str Have you notified a No Yes. Fill in the Name of site Address (Number, Str Have you been a pa No Yes. Fill in the Case Title Case Number 11: Give Details A Within 4 years befo A sole prop A member of A partner in An officer, of An owner of No. None of the Yes. Check all Business Name Address (Number, Street, City, Sta Within 2 years befo nstitutions, credito No Yes. Fill in the Name Address	□ Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of a No □ Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or adm No □ Yes. Fill in the details. Case Title Case Number 11: Give Details About Your Business or Company of the State of the	Yes. Fill in the details. Name of site Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name No Yes, Street, City, State and ZIP Code) Date Issued Name Address Date Issued Date Issued	Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, eith A member of a limited liability company (LLC) or limited liability partnership (L A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Name of accountant or bookkeeper Name of accountant or sookkeeper Name of accountant or sookkeeper	Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State an

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Debtor 1 Steven J Hunt Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Steven J Hunt Steven J Hunt Signature of Debtor 2 Signature of Debtor 1 Date January 18, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 1-18-10134-bhl Doc 1 Filed 01/18/18 Entered 01/18/18 11:06:36 Desc Main Document Page 47 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Wisconsin

In r	e Steven J Hunt		Case No.	
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENS	SATION OF ATTORN	NEY FOR DE	CBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of contemplation.	of the petition in bankruptcy, or	agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept			3,500.00
	Prior to the filing of this statement I have received		\$	300.00
	Balance Due		\$	3,200.00
2.	\$310.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed compens	sation with any other person un	less they are meml	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names			
6.	In return for the above-disclosed fee, I have agreed to rende	er legal service for all aspects of	of the bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and renderin b. Preparation and filing of any petition, schedules, statement c. Representation of the debtor at the meeting of creditors d. Representation of the debtor in adversary proceedings at e. [Other provisions as needed] Negotiations with secured creditors to red reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house 	ent of affairs and plan which mand confirmation hearing, and nd other contested bankruptcy uce to market value; exems as needed; preparation a	nay be required; any adjourned hear matters; aption planning;	rings thereof; preparation and filing of
7.	By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any dischany other adversary proceeding.	oes not include the following son argeability actions, judicia	ervice: al lien avoidance	es, relief from stay actions or
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of any asbankruptcy proceeding.	greement or arrangement for pa	nyment to me for re	epresentation of the debtor(s) in
	January 18, 2018	/s/ Todd C. Buss		
1	Date	Todd C. Buss 1001	647	
		Signature of Attorney Buss Law Offices,	LLC	
		301 North Third Str		
		Watertown, WI 5309		
		920-390-4410 Fax:		
		busslegalgroup@g Name of law firm	maii.com	
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United States Bankruptcy Court Western District of Wisconsin

		VV CSCCIII District of VV isconsiii		
In re	Steven J Hunt	D1(()	Case No.	42
		Debtor(s)	Chapter	_13
	VERI	FICATION OF CREDITOR	MATRIX	
The ab	ove-named Debtor hereby verifies th	hat the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
Date:	January 18, 2018	/s/ Steven J Hunt		
		Steven J Hunt		

Signature of Debtor

Amsher Collection Service Inc. 4524 Southlake Pkwy Ste 15 Hoover, AL 35244

Aspirus Wausau Hospital PO Box 1008 Wausau, WI 54402

Aspirus Clinic PO Box 1008 Wausau, WI 54402

Aspirus Inc. PO Box 1008 Wausau, WI 54402

Attorney David Olefsky Blitt & Gaines PC 661 Glenn Ave. Wheeling, IL 60090

AZ Banner Hospital Based Clinics c/o Collection Service Bur Csb Systems/Attn: Bankruptcy PO Box 310 Scottsdale, AZ 85252

Banner Health PO Box 52616 Phoenix, AZ 85072

BBVA Compass c/o LTD Financial Services Limited Part 7322 Southwest Freeway, Suite 1600 Houston, TX 77074

Bone & Joint Clinic PO Box 88516 Milwaukee, WI 53288

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One 15000 Capital One Dr Richmond, VA 23238

Cardiac Solutions 1260 c/o Healthcare Collection LLC Attn: Bankruptcy Po Box 82910 Phoenix, AZ 85071 Client Services, Inc 3451 Harry S Truman Blvd Saint Charles, MO 63301

Collection Service Bur 1395 N Hayden Rd Scottsdale, AZ 85257

Compass Bank c/o Northland Group Inc. PO Box 390846 Minneapolis, MN 55439

First Credit Union 25 S Arizona Pl Ste 111 Chandler, AZ 85225

Freedom Road Financial 10509 Professional Cir S Reno, NV 89521

Healthcare Collections, Llc 2224 W Northern Ave Ste Phoenix, AZ 85021

Innovative Debt Recovery Inc. 2222 South Dobson Rd, Ste 1104 Mesa, AZ 85202

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101

Joseph A Caplan MD PC DBA Cardiac Solutions 13128 N 94th Drive Ste 100 Peoria, AZ 85381

Marathon County Clerk of Courts 500 Forest St. Wausau, WI 54403

Radiology Associates of Wausau SC Bin 88399 Milwaukee, WI 53288

RevSolve, Inc. 1395 N Hayden Road Scottsdale, AZ 85257

Tri State Adjustments Inc. PO Box 3219 La Crosse, WI 54602 Vital Recovery Services, Inc. PO Box 923748
Norcross, GA 30010